

The Behavioural and Social Functioning of Children Exposed to Domestic Violence: A Pilot Study

Clara Bookless-Pratz and Peter Mertin

It is now established that there is a relationship between domestic violence and emotional and behavioural disorders in children, with research suggesting that childhood exposure to domestic violence can adversely affect both present mental health as well as adult life.^{1,2} The private setting and nature of such violence makes accurate estimations of the extent of the problem difficult. Such figures that have emerged however, indicate that domestic violence is occurring on a chronic repetitive basis.^{3,4,5} Elbow⁶ states that the violent family is characterized by rigid sex roles, the use of violence to control others, poor communication patterns, isolation both within and outside the family, and the inability to accept responsibility for actions. It is also suggested that the dysfunctional patterns of the violent marriage impair the ability of the parents to meet the developmental and emotional needs of their children.⁷ Such children, therefore, may be especially predisposed to the development of behavioural and emotional problems for one or more of the following reasons:

childhood exposure to domestic violence can adversely affect both present mental health as well as adult life.

- (i) they are exposed to violent or violence-tolerant role models.
- (ii) they are exposed to marital discord, concurrent to spouse abuse,
- (iii) they must cope with the stress of both fear of injury to the mother and fear of being similarly victimized.

In addition there may well be other factors operating such as manipulation to take sides with one parent against the other, being deprived of security and stability and developing an impaired self-image. The fact

that many mothers down-play or even deny the violence that they suffer, even after having taken refuge in a women's shelter can present children with an air of unreality about their life, and cause difficulties in reality-testing. It is not surprising that victims of domestic violence can also present as psychiatric patients.⁸

While there is no research evidence on the impact that domestic violence has on children of different ages, or on measured self-esteem,⁹ there is some evidence that childhood problems seem to be greater for boys than girls, and that boys and girls tend to demonstrate different types of behavioural outcomes.

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In a detailed investigation of boys' and girls' behaviour problems and social competence based on mothers' responses to the Child Behaviour Checklist,¹⁰ Jaffe et al¹¹ found that symptoms of high distress or maladjustment were, in fact, more frequently present in children who had been exposed to violence between their fathers and mothers. Boys who witnessed violence were reported as displaying a higher degree of both externalizing symptoms and internalizing symptoms, as well as a lower level of social competence as defined by their activities, social achievements and peer relationships. Girls from violent families were described as showing more internalizing symptoms related to depression and anxiety. Girls also showed lower levels of social competence than did girls from non-violent families.

In a further report of their work, Jaffe et al¹² compared boys exposed to domestic violence with boys who had been victims of child abuse. They found that boys from both

groups had a pattern of adjustment problems which were similar, but significantly different in severity and type, from those of a community comparison group. In particular, boys who were abused demonstrated significantly more externalizing symptoms than those boys exposed to domestic violence. Item analyses of the major internalizing problems measured by the Child Behaviour Checklist include clinging to adults, complaining of loneliness, feeling unloved, unhappiness or sadness, easily jealous and worrying. Major externalizing problems, on the other hand, included disobedience, lying and cheating, destroying things, cruelty to others, associating with bad friends and fighting. In addition, 90 percent of the abused children and 75 percent of the exposed-to-violence children, had total behaviour problem T-scores that were greater than one standard deviation above the norm group mean established for the instrument. Only 13 percent of the control group fell in this range. The authors suggested that this indicates that the degree of adjustment problems was significantly different for the target and control groups.

This pilot study attempted to gauge some indication of the impact of social and behavioural functioning of living in a violent family situation, with a group of Australian children.

They concluded that their findings were consistent with current research examining post-traumatic stress disorder in children who experienced major traumatic events. This research highlights the importance of ongoing clinical studies to examine critical variables such as direct exposure to violence, lethality of the violence, and the intent of the violence. Finally, they suggest that research needs to address child coping strategies and the importance of dealing with the traumatic event before it is denied or repressed.

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children. The criteria for inclusion in the study were –

- (i) children and their mothers who had lived within a domestically violent home, characterised by the physical, sexual, verbal, economic and mental abuse of the mother by the child's natural or step-father;
- (ii) boys and girls aged 7-11 years inclusive;
- (iii) children not receiving counselling at the time of interview;
- (iv) separated from the violent father or step-father a period of not less than one week and not more than six months;
- (v) to be verbally fluent in English.



The child study population comprised 20 children (11 boys and nine girls) and their ages ranged between 7 and 11 years. The total sample mean age was 8.8 years (mean age boys = 8.7; mean age girls = 8.9). The total number of children in the families ranged from 2-4 with a mean of 2.8. Twelve (60 percent) children were the oldest in the family and five (25 percent) were the youngest. Eleven (55 percent) children were also victims of abuse by the male. In six (30 percent) cases, the violent male was not the child's natural father. The period children had been separated from the violent male ranged from 1-20 weeks (mean = 4.8 weeks). The total number of separations children had experienced ranged from 1-4, with 60 percent of the total sample having experience two or more separations. Mothers reported that seven (35 percent) children had attended a child guidance clinic at some stage in their life.

This study involved the co-operation of 17 mothers. Their ages ranged from 24-37 years, with a mean age of 32. In 13 (76 percent) cases the mother was married to her partner and in four (24 percent) cases she was living in a defacto relationship. The number of years the child's parents had been together ranged from less than one year to 20 years (mean = 10.2 years). Five (29 percent) mothers had divorced the child's

natural father and remarried. In three (18 percent) of these cases the woman's first husband had also been violent; consequently, the child had been exposed to this violence as well. Three (18 percent) women were in paid employment at the time of separation. The mothers reported that their partners ages ranged from 21-42 (mean = 36.6) and in eight cases the partner had a drug or alcohol problem.

Children's behaviour was measured, using the Achenbach Child Behaviour Checklist.¹³ This checklist is a parent rating of 20 social competence items and 118 behaviour problem items. The 20 social competence items rate parents' reports on the amount and quality of their child's participation in such areas as sports, hobbies, games, activities, friendships and school functioning. These scores, together with scores on the 118 behaviour problems (SUM T), Social Competence, as well as Internalizing and Externalizing behaviours. The Internalizing – Externalizing dichotomy reflects a distinction between fearful, inhibited, over-controlled behaviour and aggressive, anti-social, under controlled behaviour.

The mother did not attempt to protect her daughter because she said that if she did, her partner would turn off her.

The Piers-Harris Children's Self-Concept Scale,¹⁴ was administered to obtain a measure of children's conscious self perceptions of their behaviour and attitudes. The scale is a pen and paper instrument and consists of 80 questions relating to behaviour, intellectual and school status, physical appearance, anxiety, popularity, happiness and satisfaction. Children are required to respond 'Yes' or 'No' to each question by circling the appropriate response. Responses to the questions are scored in the direction of high self-esteem.

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In addition the children were given an Appraisal of Violence questionnaire. This was designed specifically for the present study, and consisted of a range of questions which looked at the significance of the violence for the child, and to what extent (if at all) the child felt that they had any control over the situation.

PROCEDURE:

The women and children were interviewed either at one of the participating women's shelters, or in one of the shelter's houses. Interview appointments were generally made with the subjects by shelter staff. Whenever possible, the participants

were interviewed in a quiet room, and mother and children were interviewed separately. The mother was interviewed first to gain some information on the violence and family background, and was also requested to fill in one Child Behaviour Checklist profile for each child interviewed. Mothers completed the questionnaires during the time that the children were interviewed.

The researcher (C.B.P.) introduced herself to the child and explained that their mother had spoken about the difficulties she had with her partner. They were told that the researcher was talking to many children in order to obtain their views about how they felt about themselves and family life. The Piers-Harris Self Concept Scale was read aloud to each child. In the three cases where more than one child was interviewed, this part of the interview was conducted with both children. Children were then given the Appraisal of Violence questionnaire. All questions were read aloud and presented in an interview format at a pace to suit each individual child. On completion of the interview, children were thanked for their help and asked if they had any questions or anything they would like to add. They were also asked if they felt concern about any point that had been raised. All children indicated that they felt happy about doing the interview.

a great deal of energy may be involved on the part of such children in trying to make their mothers' lives easier by not worrying them with their own problems.

RESULTS:

The extent to which mothers reported that their children had witnessed or been involved in the violence is presented in Table 1. Information presented by the mothers also revealed that 7 (35 percent) of children had lived in a violent situation since birth, and that 10 (50 percent) of children had experienced violence for 6 or more years.

TABLE 1.
Number and Percentage of Children who had Witnessed and been Involved in the Violence

Mothers Response	Child witnessed violence		Child involved in violence	
	No.	%	No.	%
Never	0	0	9	45
Sometimes	4	20	4	20
Often	4	20	2	10
Always	12	60	5	25

Table 2 details a percentage breakdown of children's Behaviour Problem T-scores into

High, Moderate, Low and Extremely Low ranges. As can be seen, 11 (55 percent) of the study sample fell into the High range, with a further 4 children being in the Moderate range. Mean T-scores for Behaviour Problems, together with Social Competence and Internalizing and Externalizing Behaviours, are given in Table 3. Thus while some 75 percent of these children were assessed as displaying obvious behaviour problems, social competence scores were, in the main, within the normal range. When scores were categorised according to Internalizing or Externalizing behaviours, T-test comparisons indicated no significant differences between boys and girls on any of the scores.

TABLE 2.
Range of Behaviour Problem T-scores

Range of Behaviour Problems*	No.	%
Extremely Low	4	20
Low	1	5
Moderate	4	20
High	11	55

*Sum T-score from the Child Behaviour Checklist. Ranges are defined as follows: Extremely Low = less than 44, Low = 45-54, Moderate = 55-65, and High = more than 65.

TABLE 3.
Mean T-scores for Boys and Girls for Behaviour, Social Competence, Internalizing and Externalizing Behaviours.

	T-score*	
	Mean	S.D.
Behaviour Problem	63.95	16.1
Social Competence	39.45	9.5
Internalizing Behaviour	62.35	12.8
Externalizing Behaviour	59.60	10.8

*Sum T-score from the Child Behaviour Checklist. Ranges are defined as follows: Extremely Low = less than 44, Low = 45-54, Moderate = 55-65, and High = more than 65.

Children's self concept scores, as measured by the Piers-Harris Self Concept Scale are detailed in Table 4. The results indicate that both boys' and girls' scores were within the normative range. T-test comparisons indicated that boys' and girls' scores were not significantly different ($t = 1.13$, $df = 17.01$, $p = n.s.$).

TABLE 4.
Children's Self Concept Score Means and Standard Deviations

Variable	Self Concept Score	
	Mean	S.D.
Total Sample	54.35	9.13
Boys	52.4	10.6
Girls	56.8	6.7
Normative (Aust.)*	52.5	12.4

*Normative Total Self Concept Score based on Australian study sample (Collins, Kafer and Shea, 1985).¹⁵

DISCUSSION

Although the numbers in the present study are small, the results do reinforce the need for concern about the welfare of these children expressed in other studies in this area. The most noticeable feature of these results is the number of children showing behaviour problems, with fifty-five percent having severe behaviour problems. It should also be pointed out however that four children obtained extremely low behaviour problem scores. Achenbach and Edelbrock suggest that such low scores imply that either the mother is poorly informed about her child, or is denying problems. It is also possible, however, that these children were extremely well behaved and compliant and that mother's scores may have accurately reflected her beliefs about her child's behaviour. It could be suggested, however, that such 'good' behaviour may also indicate the presence of psychological problems for the child. The very low behaviour problem scores reported in this study should be therefore interpreted with caution.

If the children responded that if they could do 'something', it involved getting out of the house, warning siblings or hiding.

Children's levels of social competence were also reported in the study results. These scores reflected children's scholastic, sporting, and social activities. The present study indicated that the majority of children exposed to violence obtained scores within the normal range established for the Child Behaviour Checklist. It is concluded therefore that, whilst children who experience domestic violence generally appear to develop problems associated with behavioural difficulties, social competence would not appear, on the basis of these results, to be impaired.

they could do nothing but pull the covers over their heads to try and drown out the sound.

The present study found no significant difference between boys' and girls' scores in either the behavioural or social competence areas. These findings are not consistent with other studies in this area, which have reported that boys appeared to be more vulnerable to the stress of domestic violence than girls,¹⁶ boys tended to demonstrate problems of undercontrol whereas girls demonstrated problems of overcontrol,¹⁷ and that there has been a marked decline in the social competence of children who lived in a domestic violence situation.^{18,19}

A possible explanation for the present study results is offered by Rhodes and Zelman.²⁰ In reporting on children who had

been exposed to domestic violence, Rhodes and Zelman described what they refer to as 'pseudo maturity'. These authors suggested that the need to present as competent, coping offspring to a mother who has been victimized by an abusive and violent husband may be particularly strong. In the course of interviewing the children for this study, it was repeatedly found that children mentioned that they always tried very hard not to upset their mothers because they thought their mothers had enough problems as it was. Children also had a great deal of responsibility in their families, in not only looking after their siblings, but also in helping their mothers. For example, as part of the Children's Appraisal of Violence Questionnaire, children were asked, "Could you do anything to help your Mum?" In response to the question, one seven year old girl said that after her parents had a 'fight' she usually put her mother to bed, gave her something to drink and some Serapax. In this case, the mother reported that her daughter was beaten almost daily and, in fact, was more often the target of physical abuse than the mother. The mother did not attempt to protect her daughter because she said that if she did, her partner would turn on her. Children were also asked, "If you feel worried about something, do you have someone to talk to?" Although this question required only a 'Yes/no' response, children offered further details. In response to this question, few children actually cited their mothers as being someone they could talk to. In such cases however, it was always reported that they did not want to upset their mothers. It is suggested, therefore, that a great deal of energy may be involved on the part of such children in trying to make their mothers' lives easier by not worrying them with their own problems.

One seven year old girl told the researcher that she had thought of trying to kill her father, but she added that he was too big.

This need to present as coping and the relinquishing of many of their own needs for the sake of the 'stability' of the family, may help to explain the normal self-concept results obtained on the Piers-Harris test.

However, with respect to the amount of control children felt that they had over the situation, their responses to the open ended questions which were related to stopping the violence, protecting themselves and their mothers and siblings, revealed that when children reported that they were able to do something about their circumstances, the most common response involved withdrawal from the scene. Only one child said that she could stop the violence; however, she also recognised that her behaviour had only a temporary impact. If

the children responded that if they could do 'something', it involved getting out of the house, warning siblings or hiding. Several children reported that the fights usually took place when they had been put to bed and that at these times they could do nothing but pull the covers over their heads to try and drown out the sound. Therefore, although children may have reported having some control over the situation, it must be recognised that their resources for coping were limited to withdrawal from the scene. They recognised that attempting to do otherwise would only provoke trouble and endanger everyone. One seven year old girl told the researcher that she had thought of trying to kill her father, but she added that he was too big.

With this in mind, it is concluded that with time children may learn to deny or repress their experiences, giving the impression that they are only minimally affected by the violence. Thus instead of viewing the children's appraisals of domestic violence as indicative of resilience, it could be more accurate to suggest that they are, in fact, more at risk.

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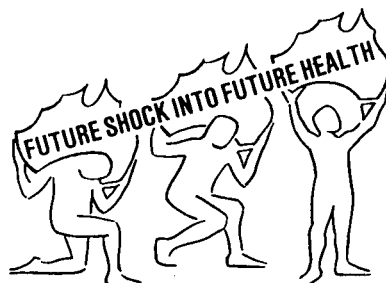
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